

**\*PLACE THIS ON YOUR AGENCY'S LETTERHEAD**

**VERMONT CRIME INFORMATION CENTER**  
**FINGERPRINT AUTHORIZATION CERTIFICATE**  
**45 State Drive, Waterbury, VT 05671-1300**

\*\*\*APPLICANT: You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** submit your fingerprints to VCIC for processing without this form.\*\*\*

**\***Agency Code: \_\_\_\_\_

REASON FINGERPRINTED:

☐ Adoption ☐ Education ☐ NCPA–Employment ☐ NCPA–Volunteer ☐ Secretary of State

NAME: \_\_\_\_\_  
Last First Middle

MAIDEN/OTHER NAMES:

\_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ GENDER: ☐ FEMALE ☐ MALE

PLACE OF BIRTH:

\_\_\_\_\_ Town State Country

TELEPHONE NUMBER: \_\_\_\_\_

In addition to Vermont I have resided in or been employed in the following states: (If applicable, **circle** appropriate states)

CO HI IL MA MS MT NB NH RI UT WY

Applicant Signature: \_\_\_\_\_

☐ I certify that the above applicant has appeared before me and paid their criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

☐ Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IDENTIFICATION CENTER USE ONLY:**

TVT: \_\_\_\_\_ Date Printed: \_\_\_\_\_

**ATTN:** ID Center's - fields with an asterisk **\*** are required before prints can be taken.